DETERMINATION OF DEATH ON SCENE

Frequently EMS personnel are dispatched to a scene where the victim(s) may appear to be deceased. There may be situations where the EMS personnel are called upon to determine death on scene. The prehospital care personnel may, without Base Hospital contact, determine death on scene if any of the following conditions are present along with pulselessness and apnea:

CONDITIONS:

1. Decomposition.
2. Obvious signs of rigor mortis such as rigidity or stiffening of muscular tissues and joints in the body which occurs anytime after death and usually appears in the head, face and neck muscles first.
3. Obvious signs of venous pooling in dependent body parts, lividity such as mottled bluish-tinged discoloration of the skin, often accompanied by cold extremities.
   NOTE: Coldness of the extremities should be evaluated based upon environmental exposures, altitude and aging, and should not be utilized to presume death without other signs of death present.
4. Patient wearing an approved DNR Band. Refer to DNR Protocol (Reference #13007).
5. Decapitation.
6. Incineration of the torso and/or head.
7. Massive crush injury and/or penetrating injury with evisceration or total destruction of the heart, lung and/or brain
8. Gross dismemberment of the trunk.
9. Blunt Trauma.

If death is determined, according to the above stated criteria, basic life support or advanced life support should not be initiated or continued. The EMT-P is authorized to discontinue CPR initiated at the scene if the patient falls into the category of obvious death. It is at this point the County Coroner must be notified along with the appropriate law enforcement agency.

In any other situation where there may be doubt as to the clinical findings of the patient, BLS/CPR must be initiated and the Base Hospital contacted.

CLINICAL FINDINGS:

If the patient does not meet the above criteria for obvious death, Base Hospital contact must be made. The Base Hospital Physician may determine death in the field based upon clinical findings.
All patients in ventricular fibrillation should be resuscitated and transported unless otherwise determined by the Base Hospital Physician

1. The patient's ECG shows asystole or agonal rhythm in at least two (2) different leads and there has been no response to an initial cycle of advanced cardiac life support.
2. The patient has shown to be unresponsive to appropriate advanced cardiac resuscitative measures by deteriorating during resuscitation to asystole or agonal rhythm after checking connection of all lead wires and electrodes.

3. The patient in Pulseless Electrical Activity (PEA) has not responded to the initial cycle of advanced cardiac life support for PEA.
4. If resuscitation efforts are terminated enroute, the patient will be transported to the closest facility.

DOCUMENTATION:

1. The EMT-P shall describe the patient's condition on the O1A form, clearly stating the circumstances under which resusciative efforts were terminated.
2. All terminated resuscitation efforts must have an ECG attached to the O1A form.
3. All conversations with the Base Hospital must be fully documented with the name of the Base Hospital Physician who determined death, times, and instructions on the ALS run report.
4. A DNR report form must be completed, if applicable.

PRECAUTIONS:

1. Most victims of electrocution, lightning, and drowning should have resuscitative efforts begun and transported to the appropriate Hospital/Trauma Center
2. Hypothermic patients should be treated per the hypothermia protocol (Reference #10005)